

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-022473  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 21

FILED JUL 9 1962

VS 300  
Rev. 4/59

1 356  
20356

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY DUNKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MALDEN		c. CITY OR TOWN MALDEN	
Length of stay in lb 11 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N. EDWARDS ST.		d. STREET ADDRESS (If outside, give location) N. EDWARDS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First ALLEN Middle BIGGERS Last		Month JULY Day 1 Year 1962	
5. SEX MALE	6. COLOR OR RACE COLORED	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-22-1900 - 62 yrs.
9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	

11. BIRTHPLACE (City and state or country) MT. VERNON, ARK.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME EARLY BIGGERS	13b. MOTHER'S MAIDEN NAME EMMA (UNKNOWN)	14. NAME OF HUSBAND OR WIFE EMMA SUE BIGGERS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT JOHN W. BIGGERS (BRO.) MALDEN, MO.
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH 7 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 11-76-54 to 6-8-62 and last saw her alive on 6-8-62	Death occurred at 1:12A on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Stacy Dean MD</i>	22b. ADDRESS Malden Mo	22c. DATE SIGNED 7-3-62
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23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-3-1962	23c. NAME OF CEMETERY OR CREMATORY SEARCY	23d. LOCATION (City, town, or county) SEARCY ARKANSAS.
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24. FUNERAL DIRECTOR DANIEL FUNERAL HOME, SEARCY, ARK.	25. DATE RECD. BY LOCAL REG. 7-5-1962	26. REGISTRAR'S SIGNATURE <i>J. Dr. Schumacher</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J. J. Schuman*

Licensed Embalmer No.

*4086*

P. O. Address

*Mulder*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.